

c1
C
COUNTY COUNCIL OF THE PARTS OF LINDSEY
LINCOLNSHIRE

EDUCATION COMMITTEE



ANNUAL REPORT

OF THE
SCHOOL MEDICAL OFFICER

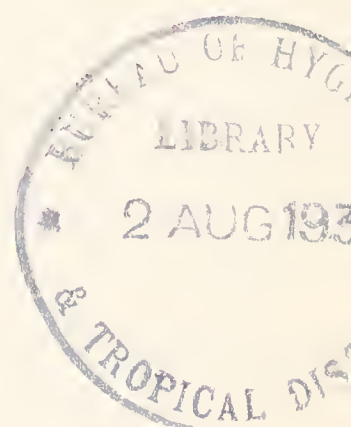
1934

W. S. H. CAMPBELL, M.B., CH.B., D.P.H.

LINCOLN :
CHRONICLE & LEADER PRINTING WORKS, WATERSIDE NORTH

COUNTY COUNCIL OF THE PARTS OF LINDSEY
LINCOLNSHIRE

EDUCATION COMMITTEE



ANNUAL REPORT

OF THE
SCHOOL MEDICAL OFFICER

1934

W. S. H. CAMPBELL, M.B., CH.B., D.P.H.

LINCOLN :
CHRONICLE & LEADER PRINTING WORKS, WATERSIDE NORTH



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29733261>

TABLE OF CONTENTS.

	PAGE
Children and Young Person's Act, 1933	23
Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies	24
Co-ordination	6
Education Committee	4
Employment of Children and Young Persons	23
Blind, Deaf, Defective and Epileptic Children	25
Findings at Medical Inspection	9
Following up	11
General Statistics	6
Infectious Diseases	19
Medical Inspection (Elementary) Schools	8
,, ,, (Secondary) ,, ...	27
Medical Treatment	11
Minor Ailments	14
Tonsils and Adenoids	14
Tuberculosis	16
Defective Vision and Squint	14
Rheumatism and Heart Disease	15
Dental Defects	18
Orthopædic and Postural Defects	17
Ultra Violet Ray Treatment	18
Nursery Schools	26
Open-air Education	20
Physical Training	22
Provision of Meals	22
School Baths	23
School Hygiene	7
Staff of the School Medical Service in 1934	5
Statistical Tables	30

LINDSEY COUNTY COUNCIL.

Education Committee.

APPOINTED UNTIL MARCH, 1937.

The Chairman and Vice-Chairman of the Council (ex-officio)

Ald. SIR H. B. BACON, Bart.	Coun. G. C. DUNKLEY
„ A. CROFT BAKER	„ C. F. EVERATT
„ L. H. GOUNDRY	„ H. HOYLES
„ J. A. HIPKIN	„ W. HUNT
„ R. JONES	„ J. T. KETTLE
„ W. LACEY	„ M. MORGAN
(<i>Chairman</i>)	„ J. H. NETTLESHIP
„ W. A. ROSS	„ A. PUGH
(<i>Vice-Chairman</i>)	„ A. G. E. SMITH
„ T. SMITHSON	„ A. E. SPENCER
	„ F. L. STEPHENSON
	„ R. A. THOMPSON
MRS. BRYANT, 4 Pelham Terrace, Grimsby	} Representing University Education.
Coun. MRS. M. WINTRINGHAM, 3 Temple Terrace, Louth	} Representing Secondary Education.
Rev. Canon W. MOORE, The Vicarage, Wragby	
Rev. W. E. FARNDALE, 10, Mainwaring Road, Lincoln	} Representing Technical, other than Agricultural Education.
Mr. JOHN HARDY, South Kelsey, Lincoln	} Representing Agricultural Education.
Coun. H. C. COMAN, 83 Buckingham Street, Scunthorpe	} Representing Elementary Education.
Mr. R. E. HARDY, Kirton Lindsey	
Mrs. H. M. PEACOCKE, The Rectory, South Reston, Louth.	

1. Staff of the School Medical Service, 1934.

School Medical Officer :

WILFRID S. H. CAMPBELL, M.B., Ch.B., D.P.H.

Deputy School Medical Officer :—

ANNIE T. BRUNYATE, M.D., B.S., D.P.H.

Assistant School Medical Officers :—

JOHN EDWARD GAINS, M.R.C.S., L.R.C.P.

W. T. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.

JAMES HAY CLARKE, M.A., M.D., D.T.M. & H., D.P.H.

WILLIAM B. STOTT, L.R.C.P. & S., D.P.H. (Resigned 31 July, 1934).

JOHN C. MACARTNEY, M.D., D.P.H.

WILLIAM J. KERRIGAN, M.B., Ch.B., B.A.O., L.M., D.P.H.

JAMES R. W. HAY, M.D., Ch.B., D.P.H. (Appointed 20 August, 1934).

GERTRUDE D. MACLAREN, M.B., Ch.B., D.P.H.

VIOLET B. TULLOCH, M.B., Ch.B., D.P.H. (Resigned 26 August, 1934).

ELIZABETH F. M. CLARK, M.B., Ch.B., D.P.H. (Resigned 19 May, 1934).

ANNIE C. EASTERBROOK, M.B., Ch.B., D.P.H. (Appointed 19 May, 1934)

J. IRENE ROSIE, M.B., Ch.B., D.P.H. (Appointed 10 September, 1934).

Orthopaedic Surgeon :

EDWARD JOCELYN BILCLIFFE, F.R.C.S.E. (Part time).

Medical Officer in charge of Rheumatism and Heart Clinic :

JAMES WM. BROWN, M.D., M.R.C.P.

Dental Surgeons :

HENRY KINNEAR OVEY, L.D.S.

ANNABEL K. S. WADDELL, L.D.S. (Resigned 31 August, 1934).

KATHLEEN F. GARSIDE, L.D.S.

GEORGE H. TAPPER, L.D.S.

A. PATRICIA RYAN, L.D.S. (Appointed 1 September, 1934).

Nursing Staff :

Superintendent—Miss C. M. REYNOLDS, S.R.N., S.C.M.

Miss E. JENKINSON

Miss H. FISHER

Miss N. HINCH

Miss V. WALKER

Miss L. ROSE

Mrs. F. BULL

Miss C. CLARKE

Miss E. N. SMITH

Miss K. COHEN

Miss M. WALLER

Mrs. S. TURNER

Miss M. TAYLOR

Miss F. HERBERT

Miss M. POUND

Miss A. E. BICKER-

Miss A. GREEN

Miss L. TOWNSEND

DIKE

Miss T. GUINAN

Miss G. FAIRHEAD

Miss K. HARRISON

Miss L. LANGTON

Miss E. BUCKLEY

Miss F. HUDSON

Miss V. ROGERS

Miss M. RICHARDSON

Miss L. MALEY

Miss E. CLARKE

Mrs. C. SMITH

Miss E. MAW

Mrs. J. SHEPHERD

Miss A. S. WOOLFORD

Orthopaedic Nurses.—Miss B. I. BAUSOR, Miss M. A. RILEY.

Infectious Diseases Nurses.—Miss J. MCNEIL, Miss W. LAWRENCE, Miss E. JONES (Part Time).

Dental Attendants.—Miss B. HUSSEY, Mrs. J. BRIGGS, Miss R. WHITE, Miss B. M. GIBBINS.

Chief Clerk.—HORACE LEE.

2. General Statistics.

Area of Administrative County, 961,200 acres.

Population at 1931 Census, 263,498.

Elementary Schools :—

Number in the area	...	...	Provided, 125	
			Non-provided, 175	
Number of names on school registers	...	...		39,663
Average attendance	...	...	...	35,637

Secondary Schools :—

Number in County, 16				
Number of pupils on school registers	...	...		2,741

Rateable value	...	...	...	...	...	...	£1,056,214
----------------	-----	-----	-----	-----	-----	-----	------------

Estimated product of a penny rate	...	...	...	£4,044
-----------------------------------	-----	-----	-----	--------

Cost of Medical Inspection and Treatment, per child, 5s. 11d. (based on average attendance).

3. Co-Ordination.

Detailed information has been given in previous reports as to the arrangements made for co-ordinating the work of the school medical department with that of the Authority's other health services and with various social services provided by voluntary bodies in the area. It is only necessary to state here that no noteworthy change in the methods hitherto adopted has been found necessary during the year under review.

The School Medical Service in relation to Public Elementary Schools.

4. Hygienic Condition of Schools.

The elementary school accommodation in the county has been much improved during the past 15 years or so. Many new schools have been erected and many of the older schools have been altered or reconstructed to bring them up to a satisfactory standard. Progress has been more marked in the urban areas. In the rural districts there are still a comparatively large number of obsolete premises and also buildings which, although not obsolete, require extensive alterations and improvements.

No new school was completed during the year.

Alterations effecting marked improvements have been carried out at the following schools :—

Alkborough, Cleethorpes Bursar Street, Eastville, Gainsborough Ropery Road, Great Coates, Luddington, Mablethorpe, Morton, Rothwell, Sturton-by-Stow, Scunthorpe Santon Terrace, Thorpe St. Peter.

Sanitary Defects.

The Medical Inspectors report at least once a year on the sanitary condition of each school visited by them. Where unsatisfactory conditions are noted the reports, together with the Medical Officer's suggestions, are sent to the Director of Education in the case of Council Schools and to the Managers in the case of Voluntary Schools.

The defects reported and remedied in 1934 are given in the following table.

School Hygiene.

Defects reported by Medical Inspectors.

Defects in connection with—						No. reported.	No. remedied. during year.
Lighting	...	...	...	...	...	2	—
Ventilation	...	...	...	...	...	6	1
Overcrowding	...	...	...	...	...	2	—
Cloak Room Accommodation	...	...	...	...	...	2	2
Water Supply	...	...	...	...	...	6	3
Washing Arrangements	...	...	...	...	...	8	2
Playgrounds	...	...	...	...	...	12	2
Sanitary Conveniences	...	...	...	...	...	9	4
Cleaning	...	...	...	...	...	7	2
General Repairs	...	...	...	...	...	10	8
Decoration	...	...	...	...	...	4	3
Refuse Disposal	...	...	...	...	...	4	4
Heating	...	...	...	...	...	2	1
Drainage	...	...	...	...	...	3	1
						—	—
						77	33
						—	—

School Furniture.

There were 220 dual tables, 428 chairs, 326 dual desks provided during the years to replace desks and seats of an obsolete pattern.

School Cleaning.

There is a tendency in certain schools for all sorts of apparently useless material to accumulate, on shelves, on the walls, on the tops of cupboards and sometimes even on the floors. These collections seriously interfere with the proper cleaning of the class rooms. A survey at regular intervals of each class room followed by the removal of all redundant material would mitigate against the collection of dust and render the class rooms more hygienic.

Ventilation.

Several of the medical inspectors in their reports again refer to the need in some of the schools for better supervision of the ventilation in class rooms. The importance of adequate ventilation to the mental and physical well-being of the children can hardly be overstressed. The atmospheric conditions obtaining at times in some of the schools, even in new schools, tend to lower the resistance of the child and undoubtedly favour the spread of coughs and colds and other children's complaints. Moreover, it is well known that a stuffy atmosphere is not one in which children are best able to take advantage of the instruction given to them.

It is a comparatively simple matter to see that in each class room sufficient windows are open to ensure that the air is at all times fresh and to arrange for the thorough flushing of the class rooms with fresh air during the play intervals.

5. Medical Inspection (Elementary Schools)

The procedure adopted in connection with medical inspection has not been altered and is in accordance with the requirements of the Board of Education. Inspections are carried out twice yearly in urban and once in rural schools.

The groups selected for inspection are as follows :—

- | | | |
|---------------|-----|--|
| Entrants | ... | Children entering school life, of 5 or 6 years of age and who have not previously been examined. |
| Intermediates | | Children between the ages of 8 and 9 years. |
| Leavers | ... | Children over 12 years of age not already examined as "leavers." |
| Specials | ... | Children specially selected by parents, teachers, nurses and others for examination because of some disease or defect noted or suspected and for which treatment or advice is thought to be necessary. |

Re-examinations. Children found with disease or defect at previous inspections.

The total number of elementary school children examined during the year was 34,950. Of this number, 12,157 were routine inspections, 3,432 were specials and 19,361 re-examinations.

6. Findings at Medical Inspections.

Of the 12,093 children examined in the specified age groups in 1934, 1,543 or 11.92 per cent. were found to be in need of treatment as compared with 12.36 per cent. in the previous year. These figures do not include cases of uncleanness or children requiring dental treatment.

Figures for the years 1928-1934 given below indicate the gradual fall in the percentage of children found to require treatment.

Year	% requiring treatment	Year	% requiring treatment
1928	19.70	1932	13.53
1929	18.70	1933	12.36
1930	15.69	1934	11.92
1931	15.83		

(a) Uncleanness (Pediculosis).

The School Nurses are chiefly responsible for the inspection and supervision of children as far as the cleanliness of their bodies and clothing are concerned. For this purpose during the year nurses made an average of 3.78 visits to each school. The number of children inspected was 39,464, of which 1,225 or 3.10 per cent. were found to be verminous.

The total number of examinations made by Nurses, including re-examinations, was 72,400.

The following table shows the percentage of children found to be verminous in each year since 1922 :—

Year	Percentage of Children examined and found to be verminous	Year	Percentage of Children examined and found to be verminous
1922	10.25	1928	5.36
1923	7.99	1929	4.42
1924	6.73	1930	5.28
1925	4.91	1931	5.3
1926	5.49	1932	5.2
1927	4.36	1933	5.59
		1934	3.10

In no case of uncleanness was it found to be necessary to institute legal proceedings either under the Education Act or School Attendance Bye-laws.

(b) Minor Ailments.

In this category are included certain skin affections and minor defects of the eye and ear.

The number of cases of skin affections found at medical inspections showed an increase of 140 as compared with 1933. There was also a slight increase in the number of cases of minor eye and ear defects noted.

(c) Visual Defects.

The children found to have defective vision and squint together numbered 899. Of this number, 604 required treatment and were referred for refraction. The remainder, 295, were kept under observation. Seven per cent. of the children examined had visual defects.

(d) Nose and Throat defects.

One thousand and fifty-six children were found to be suffering from chronic tonsillitis or adenoids. The total cases requiring treatment numbered 499. Over eight per cent. of the children examined in the routine age groups and as specials were found to suffer from these defects.

(e) Ear diseases and defective hearing.

The number of routine children reported as having defective hearing in need of treatment or observation was 168 as compared with 185 in 1933.

(f) Crippling defects.—

As the result of routine inspection, 149 cases of deformity were noted, 104 being referred for treatment under the orthopaedic schemes and 45 for observation.

(g) Heart disease.

Forty-nine cases of organic heart disease were reported in 11 of which treatment was necessary. The corresponding figures for 1933 were 75 reported and 10 in need of treatment. Cases of functional abnormality of the heart numbered 143, but of this number treatment was only necessary in 22 of the cases.

(h) Tuberculosis.

Twenty-seven children were found at medical inspections to be suffering from pulmonary tuberculosis. A further 63 children were classified as "suspects" and referred for observation. There were 40 cases in addition to the above of the non-pulmonary forms of the disease reported.

(i) Malnutrition.

Compared with 1933 the figures under this head for 1934 show an increase in the incidence of malnutrition. Last year the percentage of malnourished children found amongst those examined as "routines" and specials, was 1.79. This year the percentage for the same groups is 3.34. The rise in the incidence is due to the increased number of malnourished children reported from Gainsborough where the industrial conditions are still unsatisfactory and also from Cleethorpes.

7. Following Up.

An essential part of the Education Committee's Medical Inspection Scheme is the following up of children found with defects to ensure the carrying out of the medical inspector's recommendations. Where necessary the health visitors pay frequent visits to the children's homes for the purpose. They explain to the parents why treatment is necessary, how and where it is to be obtained and generally assist them in every way possible. In 1934, the home visits made by the nurses numbered 12,288, as compared with 11,805 in the previous year.

8. Medical Treatment.

Treatment for defects found in school children is available through private medical practitioners, the voluntary hospitals and the various schemes provided by the Education Committee and other committees of the County Council.

The Education Committee's scheme includes provision for the treatment of children suffering from defective vision and eye disease, deformities and crippling diseases, diseases of the ear, nose and throat and minor ailments.

Dental treatment is also provided.

A Rheumatism and Heart Clinic was established last year at Cleethorpes and it has been decided to open a similar clinic at Scunthorpe.

Reference has been made in earlier reports to the need for better arrangements in connection with the operative treatment of enlarged tonsils and adenoids. Hitherto, owing to the limited bed accommodation in voluntary hospitals, children were, as a rule, admitted and discharged on the day on which the operation took place. This procedure was not one which could be regarded as satisfactory and I am glad to be able to record that it has now been possible to make arrangements with the voluntary hospitals at Lincoln, Gainsborough, Scunthorpe, Spilsby and Louth to admit these children the day before the operation and to keep them the night following.

In connection with the diagnosis and treatment of ear, nose and throat defects, arrangements have been made whereby the committee's medical officers can refer difficult cases to Mr. J. J. Rainforth, F.R.C.S. (Eng.), of Lincoln, who will advise as to treatment and will undertake such operative and special treatment as may be necessary.

The following table gives the clinics that have been established and the days and hours at which the medical officers attend.

(1) Minor Ailment Clinics.

Clinic	Address.	When held.
Ashby	Methodist School, High St., Ashby	Tuesday, fortnightly at 2-15 p.m.
Barton-on-Humber	50 Holydyke, Barton-on-Humber	Mondays, 10 a.m.
Brigg	The Cedars, Bigby Road, Brigg	Thursdays, 10 a.m.
Cleethorpes ...	St. Hugh's Avenue, Cleethorpes	Wednesdays, 10 a.m.
Gainsborough ...	1 Popplewells Row, Bridge Street, Gainsborough	Tuesdays, 2 p.m. to 4 p.m.
Horncastle ...	Rolleston House, Horncastle	Thursdays, 10-30 a.m.
Immingham ...	Parish Mission, Pelham Road, Immingham	Mondays, fortnightly at 2-15 p.m.
Lincoln	Beaumont House, Beaumont Fee, Lincoln.	Fridays, 10-30 a.m.
Louth	32 Queen Street, Louth	Wednesdays, 2 p.m.
Market Rasen ...	18 King Street, Market Rasen	Tuesdays, 10-30 a.m.
Scunthorpe ...	Parkinson Avenue, Scunthorpe	Fridays, 10 a.m.
Spilsby	2 West End Villas, Spilsby	Mondays, 10 a.m. to 1-30 p.m.

(2) Eye Clinics.

Clinic	Address	When held
Barton-on-Humber	50 Holydyke, Barton-on-Humber	Tuesday, fortnightly, 10 a.m.
Brigg	The Cedars, Bigby Road, Brigg	Wednesdays, monthly, 10 a.m.
Cleethorpes	St. Hugh's Avenue, Cleethorpes	Mondays, weekly, 10 a.m.
Gainsborough	1 Popplewells Row, Bridge Street, Gainsborough	3 times monthly on Tues- days and Wednesdays, at 10 a.m.
Horncastle	Rolleston House, Horncastle	Tuesdays, monthly 10 a.m.
Lincoln	County Offices, Lincoln	do.
Louth	32, Queen Street, Louth	4 times monthly on Wed- nesdays and Fridays, 10 a.m.
Market Rasen	18 King Street, Market Rasen	Wednesday, monthly 10 a.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	Wednesday, weekly 10 a.m.
Spilsby	2 West End Villas, Spilsby	Wednesday, monthly 10 a.m.

(3) Orthopaedic Clinics.

Clinic	Address	When held
Lincoln	County Offices, Lincoln	Wednesday by arrange- ment, 2-30 p.m.
Cleethorpes	St. Hugh's Avenue, Cleethorpes	4th Monday each month, 2.30 p.m.
Gainsborough	1 Popplewells Row, Bridge Street, Gainsborough	2nd Tuesday, each month 2.30 p.m.
Louth	32 Queen Street, Louth	Thursday by arrange- ment, 2-30 p.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	1st and 3rd Tuesday each month, 2.30 p.m.
Spilsby	2 West End Villas, Spilsby	3rd Monday each month, 2.30 p.m.

(4) Artificial Sunlight Clinics.

Clinic	Address	When held
Cleethorpes	St. Hugh's Avenue, Cleethorpes	Twice weekly on Mondays and Thursdays, 10 a.m.
Gainsborough	1 Popplewells Row, Bridge Street, Gainsborough	do.
Louth	32 Queen Street, Louth	Twice weekly Tuesdays and Fridays. (Tuesday 2 p.m., Friday, 10 a.m.).
Scunthorpe	Parkinson Avenue, Scunthorpe	Twice weekly on Mondays and Thursdays, 10 a.m.

(5) Rheumatism and Heart Clinic.

Clinic	Address	When held
Cleethorpes	St. Hugh's Avenue Cleethorpes	2nd Friday each month, 2 p.m.

During the year under review, 4,691 children attended the various clinics for treatment or advice by the doctor or nurse. Altogether they made 31,739 attendances.

(a) Minor Ailments.

Cases of minor ailment as defined in Table IV receiving treatment at the school clinics during the year, numbered 1,435; skin diseases, 800; minor eye defects, 164; minor ear defects, 203; other conditions, 368. An additional 730 cases were reported as having received treatment otherwise than through the school medical service.

(b) Tonsils and Adenoids.

Children operated on for chronic tonsillitis and adenoids under the Authority's Scheme, numbered 176. The number of cases dealt with at the various centres where the necessary facilities are provided was as follows :—

Barton-on-Humber Clinic	...	...	...	2
Gainsborough, John Coupland Hospital	...			24
Grimsby & District Hospital	...	...	...	13
Lincoln County Hospital	...	...	...	54
Louth Hospital	...	...	...	50
Scunthorpe War Memorial Hospital	...	...		—
Skegness Cottage Hospital	...	...	...	16
Spilsby Cottage Hospital	...	...	...	19

In addition to the above, 103 cases were operated on privately either by the patient's own doctor or at the local hospital.

(c) Defective Vision, Squint and Eye Diseases.

In all, 257 clinics were held during the year with 2,015 attendances. The cases dealt with were chiefly those of error of refraction and squint, but cases of eye disease were also sent from school clinics and medical inspections by the Medical Inspectors or direct from the schools by Health Visitors and Teachers. At the various clinics, 1,094 cases of error of refraction including squint were seen during the year, glasses were prescribed for 923 of them and obtained under the

Authority's scheme for 758. Twentynine cases of eye disease were also seen. The arrangements for providing glasses and supervising the children wearing them are unchanged from previous years. In any case in which the medical officer of an eye clinic considers that a specialist's opinion is desirable, a consultation is arranged with the ophthalmic specialist of the district and where as a result hospital treatment is recommended, the Committee becomes responsible for the maintenance charges at the hospital and for the surgeon's fees. Nine cases were referred to specialists during the year. These include 3 cases of cataract, one congenital, one traumatic and one diabetic in origin ; one case of old choroiditis with central scolema ; one case of abnormality of the optic disc ; one of stenosis of the lachrymal duct and one of keratitis.

(d) Rheumatism and Heart Clinic.

Report by J. W. Brown, M.D., M.R.C.P. (Medical Officer-in-Charge).

During the year there have been 161 attendances at this Clinic. The work has been appreciated by children and parents alike, and they have been co-operative and patient in spending the time that detailed examination by special methods demands.

Much work has been devoted to the obscure but important group of "functional heart disease." These children are referred for advice on account of the presence of a murmur, or because of some cardiac irregularity such as sinus arrhythmia, or ectopic beats. Some have been referred on account of "attacks" attributed to heart disease. Such "attacks" have been always due to minor epilepsy. For the elucidation of irregularities of the heart the electrocardiogram has been employed. Sinus arrhythmia has no pathological significance in childhood and is not a cause of disability. Ectopic beats are rather common and usually arise in the ventricle. In the absence of any other sign or symptom of heart disease, experience gained in this and in other clinics devoted to similar work, has taught that such beats are not symptomatic of heart disease. Cases in this group form a large proportion of the work of the clinic, and it is by careful and detailed explanation to parents as to the nature of these abnormalities that much worry and anxiety are avoided and invalidism prevented.

A particular study has again been made of heart disease of congenital nature. These cases often present well marked physical signs and in the acyanotic group no symptoms. The prominent physical signs, coarse murmurs and thrills, are often interpreted as significant of grave heart disease when the reverse is the case in the acyanotic group. They have

all been examined with the X-Ray and with the electrocardiograph. All the acyanotic cases are on full school and games without ill effect. Certain of the cases whose attendance at school has been fitful in the past are now attending regularly with obvious benefit.

More caution is exercised in relation to the cyanotic case for in this group the very nature of their defect necessarily imposes restriction on their activities. At the same time expectation of life extends to the age of thirty, and many recorded cases have lived even longer. Some at least are capable of sedentary employment, and if they are to be fitted for this, then some education is essential.

A detailed review of over two hundred cases of congenital heart disease observed in this and other clinics is in the press, and will appear shortly.

There has been more rheumatism than usual this year. Several cases in which active heart disease was found at the clinic have been sent home to bed, or into Hospital. In the latter case they are under the care of the Physician of the Clinic. There is accumulating a considerable amount of evidence that the rheumatic infection is a familial one. The practice of tonsillectomy to prevent recurrent attacks of rheumatism has been strongly condemned as it is found that the operation is apt to precipitate a rheumatic attack especially of chorea. Useful work has been done in segregating those cases which are truly rheumatic and those which are not. A large proportion of children in whom rheumatism is suspected are simply suffering from fatigue pains, engendered by over exertion at games or dancing. The pains in these cases appear usually towards evening, or actually after some severe and unaccustomed exertion and are unaccompanied by pyrexia. The true rheumatic has definite swelling of the joints and symptoms pointing to an infection.

No detailed classification of the various disorders found at the clinic is given in this report. A more detailed survey will be given at a later date.

Gratitude is expressed to the Medical Inspectors who have helped the work of the Clinic in every way, and for the facilities that have been given to make this work an important part of the activities of the Education Committee.

(e) **Tuberculosis.**

The supervision and treatment of school children suffering from any form of tuberculosis is carried out under the County Council's tuberculosis scheme. During the year, 136 children of school age suffering from tuberculosis were admitted to the following institutions :—

Pulmonary Tuberculosis

Branston Hall Sanatorium	...	...	...	88
Louth Tuberculosis Hospital	...	...	...	3
Brumby Isolation Hospital	...	...	...	3
Foxby Hill Hospital, Gainsborough	...	...	...	3

Non-Pulmonary Tuberculosis :—

Gringley-on-the-Hill Hospital	...	...	...	23
Harlow Wood Orthopaedic Hospital	...	...	...	12
Lord Mayor Treloar Cripples' Hospital	...	...	...	1
Lincoln County Hospital	...	...	...	1
Brumby Isolation Hospital	...	...	...	1
Foxby Hill Hospital, Gainsborough	...	...	...	1

Children suffering from tuberculosis who are not receiving institutional treatment are under the supervision of the tuberculosis officers through the dispensary organisation. At the end of the year there were 592 children under 15 years of age whose names were on the tuberculosis register.

(g) Orthopaedic and Postural defects.

Under the orthopaedic scheme, 279 school children suffering from crippling defects received treatment. Hospital treatment was provided for 57 of the cases, the remainder being dealt with as out-patients at the orthopaedic clinics. The attendances at the latter numbered 4,923. The following are the diseases or defects for which treatment was provided at the clinics or in hospital :—

	In Hospital.			At Clinic.	
Claw foot	...	...	...	2	6
Club foot	...	...	...	1	12
Flat foot	...	...	...	1	19
Poliomyelitis	...	...	...	12	73
Paralysis	...	...	...	3	13
Spinal Curvature	...	...	—	...	12
Rickets	...	...	...	—	4
Tuberculosis	...	...	...	21	28
Torticollis	...	...	...	2	8
Other conditions	...	...	...	13	95

(h) Dental Inspection and Treatment.

The Authority's dental scheme aims at providing for the inspection and treatment of children between 6 and 8 years of age and as far as possible for their yearly re-inspection and treatment throughout their school life.

The scheme is, however, owing to the limited dental staff, very incomplete. There are the equivalent of two whole time dentists to deal with a school population of nearly 40,000. It is not, therefore, possible to inspect all children in attendance at the elementary schools, but an endeavour is made to inspect all those whose parents signify their willingness to accept treatment if this is found to be necessary. Had the dental scheme developed on the lines suggested by the Board of Education, all elementary school children in the area would now be receiving yearly inspection and treatment if necessary, whereas in 1934, only 7,503 children out of a total of 39,663 were dealt with. There were 80 schools which the dentists were unable to visit during the year.

Particulars of the work of the dentists during the year will be found in Table IV in the statistical section of the report.

(i) Ultra-Violet Ray Treatment.

These clinics were held under the same conditions as last year.

Sixty-seven school children were treated and made a total of 1,213 attendances. Fifty-six of these children completed treatment during the year, having made a total of 979 attendances ; 11 children were still under treatment at the end of the year.

The following table gives the diseases treated and the results obtained for the cases which completed treatment during the year ; some cases in which the patients defaulted after a few exposures have, however, been omitted.

Disease	No. of Cases	Results of Treatment			No. of Exposures
		No change	Improved	Remedied	
Tubercular adenitis ...	8	—	8	—	148
Tubercular abdomen ...	3	2	1	—	50
Tuberculous Hip ...	1	1	—	—	26
Lupus of face ...	1	—	1	—	31
Pulmonary tuberculosis	1	—	1	—	10
Bronchitis ...	1	—	—	1	24
Alopecia ...	1	—	1	—	36
Eczema ...	1	—	—	1	12
Anaemia ...	4	—	4	—	61
Anaemia and debility ...	2	—	2	—	38
Anaemia and malnutrition ...	5	1	4	—	37
Malnutrition ...	8	—	6	2	220
General debility ...	4	—	1	3	63
Non-tubercular Adenitis	7	1	2	4	137
Otorrhoea ...	3	1	1	1	37
Corneal Ulcer ...	1	—	1	—	13

This year, as in preceding years, general medical treatment was given in addition to the Ultra-Violet Ray treatment, and this fact makes it more difficult to assess the results. There seems, however, no doubt that in the case of many weakly children Ultra-Violet Ray treatment is the decisive factor in bringing about and maintaining improvement.

9. Infectious Diseases.

The system under which Head Teachers report cases of infectious disease simultaneously to the School Medical Officer and to the district Medical Officer of Health has continued to work satisfactorily.

There was no unusual outbreak of infectious disease in the elementary schools during 1934. It was only found necessary to close 19 schools or departments with a view to preventing the spread of infection as compared with 65 closures in 1933. The number of children excluded from school because of the presence of infection in their homes was 1,617.

Particulars of schools or departments closed during the year are as follows :—

Number of Schools closed		Disease on account of which closure was necessary
By Local Sanitary Authority	By School Medical Officer	
8	1	Measles
2	—	Measles and Whooping Cough
1	—	Mumps
3	—	Whooping Cough
1	1	Scarlet Fever
1	—	Scarlet Fever and Measles
1	—	Diphtheria
—	—	
Total 17	2	
—	—	

The two nurses employed on infectious disease work made 578 visits to 192 schools for the purpose of advising in regard to outbreaks of infection. For the same purpose they also visited 3,820 children in their own homes. Home visits are undertaken only in the cases of children suffering from measles, whooping cough or other infectious disease when there is no medical practitioner in attendance.

10. Open-Air Education.

The Louth Open-Air School which was established 17 years ago is the only school of its kind in the county. It is a day school for physically defective children and has accommodation for 30 pupils. While no provision for boarders exists at the school, arrangements exist whereby four children from any part of the County can be boarded at the clinic premises at Louth and attend the open air school daily.

Dr. W. J. Kerrigan acts as Medical Officer to the School. The teacher-in-charge is Miss V. M. Haynes.

Miss Rogers acts as Nurse and an important part of her duty is to visit the homes of the children attending with a view advising and obtaining the co-operation of the parents.

Most of the children in attendance are suffering from malnutrition, debility or anaemia or a combination of these.

During the year 44 children were in attendance of which 26 were new admissions. There were 30 discharges. The average stay at the school of those discharged was 140 days and the average percentage attendance 85. The Medical Officer reports on the work of the school for the year as follows :—

The admission and discharge figures are practically the same as for the preceding year.

The admissions all came under the category “malnourishment and general debility” through particular causes. All the cases showed a marked improvement, which is in part evidenced by the average gain in weight, for those children who were on the rolls during the twelve months, showing the figure 100 ozs. This figure is more flattering than it appears at first sight when it is remembered that the average is struck from small numbers which mainly represent definitely debilitative types rather than children whose undernourishment is due to insufficiency of proper food. Thus, although this average falls short of the “expectation” average gain for the ideally constructed and conducted institution of this type, the comparison can only be relative, particularly as such school is provided with total or partial residential accommodation, which ensures that the good results will not be vitiated by the children having to return daily to their homes.

The average gain in weights for the three school periods of the year appears thus :—

January—April, 2lbs (approx.) ; May—August, Nil. ; September—December, 4 lbs. (approx).

All the children were given an extra half pint of milk daily per child and allowed an extra rest period of half an hour each morning from the period mid-July until end of year, excluding, of course, the holiday month of August. The relative increase in the weights for the last four months cannot be directly ascribed to this because in looking up records of previous years, practically the same ratios are shown. Thus it appears merely as the natural increase incidental to the summer—winter phase. It is of interest to record that the average gain in weight for the ‘boarders’ was one pound, 25% higher than the general average.

One tries to refrain from repetitive criticism of the school building, but on a par with this is the lack of playground accommodation. In the winter the small rood of uneven ground is covered with long grass and in the summer the place is so lacking in shade that it can be little used. The matter is so important that dietary requires to be arranged to suit the limitation of free exercise.

So far as help and co-operation in the work and interest shown in the children one cannot overstate the measure of thanks due to the Head Teacher (Miss Haynes), the domestic staff and the Nurse-in-charge. I am particularly indebted to Miss Haynes for the interest she shows in the individual and general dietries and for the manner in which she kept records pertaining to the children’s weights and progress.

Nurse Rogers reports that she paid 447 home visits during the year, representing a total paid to 57 individual children in connection with the following-up work. The high percentage attendance for the year was due in no small part to the manner in which the Nurse visited the sick absentees to give advice on the essential form of treatment.

11. Physical Training.

The physical education and training of elementary school children is in the hands of the head teachers. The latter have been supplied with the Board of Education revised syllabus on physical training and on this the teaching of the subject in schools is based. In addition, games and athletics are encouraged by many of the teachers.

The medical inspectors advise teachers as to those children found at medical inspections for whom active games are undesirable. Children with postural defects are referred to the orthopaedic clinics.

If the children are to receive the maximum benefit to health of body and mind, it is essential, as has been pointed out in previous reports, that the teachers should have the assistance of a expert organiser of physical training who would undertake the co-ordination and supervision of the work throughout the schools in the area.

12. Provision of Meals.

Generally throughout the schools in the County there has been a noteworthy improvement in the arrangements under which children remaining at school during the lunch hour, partake of the mid-day meal. The Education Committee has continued to provide the necessary equipment and has also in a number of instances, contributed towards the cost of providing a suitable person to act as supervisor. The facilities at the Alford and Donnington-on-Bain Council schools for providing a hot mid-day meal at small cost to the children were referred to in the report for 1933.

Similar excellent arrangements have also been organised by the headmaster at the Monks' Dyke Council School, Louth.

For the past few years the Managers and teachers at a number of schools have had arrangements under which children could each obtain daily one-third of a pint of milk at the cost of one penny. Children thus obtaining a daily milk ration averaged for the years 1932 and 1933, approximately 2,782. There were, however, many children known to be in need of extra nourishment who did not obtain the daily supply of milk because their parents were unable to afford the cost. The milk Marketing Board's scheme which came into operation on 1st October, 1934, and under which milk will be available in schools at a cost of $\frac{1}{2}$ d.

per third of a pint, will enable many more children to benefit by a daily ration of fresh milk. The Education Committee has recommended the scheme to school managers and teachers for adoption. The Committee has also made provision for the supply of free milk in necessitous cases. Children certified by the school medical officer as in need of extra nourishment and whose parents are unable to pay the cost will be supplied with free milk for such period as may be considered necessary. The Milk Marketing Board's scheme, although only in operation during the last quarter of the year, has already resulted in a very considerable increase in the number of children receiving a daily supply of milk in schools. Returns received from head teachers show that at the end of the year a scheme for the supply of fresh milk was in operation at 97 schools and that the number of children being provided with milk daily was 9,639, as compared with 1,939, at the end of 1933. Free milk was being supplied to 136 children at the end of the year.

In addition to those supplying fresh milk there are 99 schools at which 3,384 children are provided with artificially prepared milk or patent foods. It is to be hoped in view of the fact that fresh milk can now be obtained at $\frac{1}{2}$ d. per third of a pint and that as an article of diet, fresh milk has many advantages over some of the patent foods being at present provided, that Managers and teachers of these schools will, when possible, adopt the Milk Marketing Board's scheme.

13. School Baths.

None of the elementary schools in the County are provided with baths. As stated in last year's report, arrangements have been made at Cleethorpes, Gainsborough and Scunthorpe whereby the public baths at these places are available for children receiving instruction in swimming.

14. Children and Young Persons Act, 1933.

In connection with legal proceedings under this act medical records and when necessary special reports after medical examination, have been supplied to the Director of Education in respect of 110 young persons and 128 children.

15. Employment of Children and Young persons.

Under the Education Committee's bye-laws, children over 12 years of age may be employed on certain specified duties provided that certificates of fitness for such employment are first obtained from the school medical officer. In 1934, 53 certificates were granted and in 3 instances the certificate was refused.

16. Co-operation of Teachers, Parents, School Attendance Officers and Voluntary Bodies.

(a) Parents.

Every effort is made to enlist the co-operation of the parents in the work of medical inspection and treatment. The interest they take in everything pertaining to the health of their children continues to be most satisfactory. One now finds that the vast majority of the parents are anxious to have their children medically examined by the school doctor. The class of parent who in the past looked on medical inspection as a piece of impudent officialdom is now almost extinct.

(b) Teachers.

The school medical and nursing staff are again much indebted to the teachers for the valuable help they have given not only in connection with the inspections at the schools, but also in connection with the work of "following-up" and treatment and in many other ways. It is not too much to say that without the assistance of the teachers the work of the doctors, dentists and nurses would be very difficult if not in some cases almost impossible.

(c) School Attendance Officers.

These officers have continued to work in close touch with the school medical department during the year and have assisted materially in the ascertainment of "exceptional children" and in securing special medical examination in the case of children absent from school on account of illness.

(d) Voluntary Bodies.

During the year 23 cases of neglect were referred to the National Society for the Prevention of Cruelty to Children. I desire to acknowledge the valuable services rendered in these cases by the Society's local inspectors.

The Child Welfare and Mental Welfare Association, the County and District Nursing Associations, the Blind Society, the Deaf and Dumb Mission and the Tuberculosis Care Committees, have all willingly given their help as occasion demanded.

Steps were taken during the year to secure closer co-operation between the County Council and Deaf and Dumb Mission, in respect of the ascertainment, education, training and placing of deaf or deaf and dumb persons domiciled in the County.

17. Blind, Deaf, Defective and Epileptic Children.

Children defective within the meaning of Part V of the Education Act 1921, are ascertained through the school medical inspections and also by the nurses, teachers, attendance officers, and voluntary workers.

A register is kept of all such "exceptional" children in the area, particulars of which are given in Table III at the end of this report. Names are only placed on the register on the recommendation of a medical officer.

The new cases ascertained under the different headings during the year were as follows :—

Blind. Nil	Physically defective :—
Partially Blind. Nil.	Suffering from Pulmonary Tuberculosis, 64.
Deaf. 1	Suffering from Non-Pulmonary, Tuberculosis, 55.
Partially Deaf. Nil.	
Mentally defective :—	
Educable, 33	Delicate children, 9
Ineducable and notified to	Crippled children, 22
Mental Deficiency Acts,	Children with Heart disease, 4.
Committee, 13	Multiple defects, 4.
Epileptic. Nil.	

(a) Blind.

There are 6 totally blind children of school age in the Administrative County, 5 of whom are receiving special education at certified schools for the blind and one awaiting admission to a blind school.

(b) Deaf.

At the end of the year there were 20 totally deaf children in the area. Of this number 16 were at special schools, one was attending an ordinary elementary school and three were at home. Two of the latter had been to a special school but were discharged, one because she suffered from chorea and the other because she was suspected of being tubercular.

(c) Mentally Defective.

The number of feeble-minded school children whose names are on the register of defectives is now 149 as compared with 133 at the end of 1933.

Thirty-two are at special schools as compared with 28 in 1933 and 17 in 1932. The majority of those ascertained as feeble minded, however, remain at the ordinary elementary school although they are incapable of benefiting much from the instruction given. There is still considerable difficulty in finding accommodation for children requiring education in special schools for the mentally defective. It was possible however, during the year to find vacancies for 9 cases.

(d) **Multiple Defects.**

At the end of 1934 there were 18 children whose names were on the register as suffering from multiple defects.

The combination of defects in each case is as follows :—

Infantile Paralysis and Feeble Minded.

Spastic Paralysis and Feeble Minded.

Blind and Talipes Equinus Varus.

Deaf and Dumb and Congenital Heart Disease.

Deaf and Congenital Dislocation of Hip.

Feeble Minded and Talipes Equinus Varus.

Pulmonary Tuberculosis and Feeble Minded (3).

Epilepsy and Feeble Minded (2)

Skin Tuberculosis and Amputated Leg.

Epilepsy, Feeble Minded and Paralysis Left Arm.

Feeble Minded and Dwarf.

Feeble Minded and Defective Speech.

Deaf and Dumb and Congenital Deformity Right Leg.

Mal-development of Leg Muscles and Feeble Minded.

Poliomyelitis and Pulmonary Tuberculosis.

Six of the foregoing cases are at special schools or institutions ; one is attending an occupation centre for mental defectives, four are at elementary schools and 7 are at home.

18. Nursery Schools.

There is no Nursery School in the County provided by the Education Authority. Particulars of the Nursery School established by voluntary workers at Louth were given in the 1933 report. The school continues to work on the same lines. There is accommodation for 30 pupils, the daily average attendance for the year being 26.

A grant in aid of the Louth Nursery School is now made by the Education Committee.

19. Medical Inspection (Secondary).

Two medical inspections a year are made at secondary schools. The pupils are examined as soon as practicable after entering the school and again shortly before leaving. There is no intermediate inspection as is the case in elementary schools, but pupils found with disease or defect at one inspection, are, when necessary, re-examined at the next. Any pupil, in whose case the Headmaster or Headmistress suspects some condition requiring medical advice or treatment, may be brought forward for special examination. During the year, 937 pupils were examined. Of these 717 were entrants and 220 were leavers. There were in addition, 104 special examinations and 943 re-examinations.

Findings at Medical Inspections.

Details of the findings at medical inspections are given in Table II at the end of the report. From this it will be seen that of the 717 entrants examined, 97 or 13.5% were in need of treatment. While of the 220 pupils examined as leavers, 30 or 13.6% required treatment.

Defective vision and chronic tonsilitis were the most common defects noted. The former accounted for 46% and the latter 16% of the total defects referred for treatment.

Following Up.

Parents are notified and advised in writing as to any defect found which requires treatment or observation. When the parent attends at the examination the Medical Officer also takes the opportunity of explaining the position. Parents are usually more anxious to see that any treatment required by their children is carried out. The preliminary notice is all that is required in most cases. In the few instances in which delay has occurred in providing treatment the influence of the head of the school has usually had the desired effect.

In the case of secondary schools home visits by the school nurses are made only in very exceptional circumstances.

Medical Treatment.

Parents are requested to arrange privately for any treatment that may be necessary.

Treatment under any of the Education Committee's Schemes is only available for secondary school pupils when the parents, after enquiry, are found not to be in a position to afford the cost.

During the year 83 pupils were recorded as having obtained treatment on the recommendation of the medical inspectors. The defects for which treatment was undertaken were as follows :—

Eye defects	...	...	32	Ear Disease	...	...	...	6
Defects of Nose and Throat			6	Skin Disease	...	...	...	2
Deformities	...	...	15	Malnutrition	...	...	...	8
Heart Disease	...	...	2	Other conditions	...	...	...	10
Anaemia	...	...	2					

W. S. H. CAMPBELL,

School Medical Officer.

**STATISTICAL
TABLES.**

Elementary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups.

Entrants	...	...	...	...	...	...	...	...	4408
Second Age Group	...	...	...	...	...	...	...	...	3838
Third Age Group	...	...	...	...	...	...	...	...	3847
Total									12093

Number of other Routine Inspections	...	...	...	...	...	...	...	64
-------------------------------------	-----	-----	-----	-----	-----	-----	-----	----

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	3432
Number of Re-Inspections	...	...	...	...	...	19361
		Total	...	...	...	22793

TABLE II

A. Return of Defects found by Medical Inspection in
the year ended 31st December, 1934.

DEFECT OR DISEASE 1	Routine Inspections.		Special Inspections	
	No. of Defects.		No. of Defects	
	Re- quiring treat- ment 2	Requiring to be kept under observation but not requiring treatment 3	Re- quiring treat- ment 4	Requiring to be kept under observation but not requiring treatment 5
Malnutrition	87	231	74	15
Skin				
Ringworm—Scalp	2	1	23	2
Body	4	—	30	2
Scabies	8	—	21	—
Impetigo	55	1	476	—
Other Diseases (Non-Tuberculous) ...	27	14	97	—
Eye				
Blepharitis	36	12	41	2
Conjunctivitis	4	—	28	—
Keratitis	—	—	5	—
Corneal Opacities	1	8	4	—
Defective Vision (excluding Squint)	335	217	189	19
Squint	49	56	31	3
Other Conditions	6	10	52	2
Ear				
Defective Hearing	47	100	16	5
Otitis Media	28	23	84	2
Other Ear Diseases	174	13	52	2
Nose and Throat				
Chronic Tonsillitis only... ..	124	529	55	22
Adenoids only	24	35	17	8
Chronic Tonsillitis and Adenoids ...	176	131	71	8
Other Conditions	13	33	86	5
Enlarged Cervical Glands (Non- Tuberculous)	34	152	40	8
Defective Speech	1	21	1	2
Heart and Circulation				
Heart Disease—Organic	8	33	3	5
Functional	20	116	2	5
Anaemia	222	74	233	12
Lungs				
Bronchitis	164	112	146	12
Other Non-Tuberculous Diseases ...	8	23	8	6
Tuberculosis				
Pulmonary :—				
Definite	4	14	1	8
Suspected	4	45	9	5
Non-Pulmonary :—				
Glands	4	4	4	4
Bones and Joints	—	1	3	1
Skin	1	1	—	—
Other Forms	2	8	5	2
Nervous System				
Epilepsy	—	7	5	2
Chorea	2	3	12	3
Other Conditions	7	19	17	20
Deformities				
Rickets	5	10	1	—
Spinal Curvature	3	2	6	1
Other Forms	16	25	73	8
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...	82	88	879	36
Total	1787	2172	2900	237

TABLE II.—*Continued.*

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental diseases).

Group 1	Number of children	
	Inspected 2	Found to require treatment. 3
Prescribed Groups :—		
Entrants	4408	628
Second Age Group	3838	565
Third Age Group	3847	350
Total Prescribed Groups	12093	1543
Other Routine Inspections	64	5
Grand Total	12157	1548

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON
31st DECEMBER, 1934.

Defect.	At Certified Special Schools	At Public Elementary Schools	At Other In- stitutions	At no School or Institution	Total
BLIND (Totally) ...	5	—	—	1	6
(Partially) ...	1	2	—	—	3
DEAF (Totally) ...	16	1	—	3	20
(Partially) ...	—	—	—	—	—
MENTALLY DEFECTIVE (Feeble Minded) ...	32	94	4	19	149
EPILEPTIC (Severe Epilepsy) ...	—	—	—	3	3
PHYSICALLY DEFECTIVE Tuberculosis—					
Pulmonary ...	4	151	32	61	248
Non-Pulmonary ...	12	168	1	41	222
Delicate	10	25	—	7	42
Crippled	13	126	2	39	180
Heart Disease	1	1	1	8	11
Children with Multiple Defects not included above	3	4	4	7	18
Total	97	572	44	189	902

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st
DECEMBER, 1934.

GROUP I. MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

Disease or Defect.	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total
	2	3	4
<i>Skin—</i>			
Ringworm—Scalp—			
(i) X-ray Treatment.	2	—	2
(ii) Other treatment	22	26	48
Ringworm-Body... ..	29	35	64
Scabies	26	33	59
Impetigo	519	168	687
Other skin disease	102	61	163
<i>Minor Eye Defects :</i>			
(External and other, but excluding cases falling in Group II).	164	79	243
<i>Minor Ear Defects</i>	203	295	498
<i>Miscellaneous</i>	368	33	401
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	1435	730	2165

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Disease or Defect	No. of Defects dealt with			No. of Children for whom Spectacles where			
	Under the Authority's Scheme	Otherwise	Total	Prescribed		Obtained	
				1		(2)	
				(i)	(ii)	(i)	(ii)
1	2	3	4	Under the Authority's Scheme	Otherwise	Under the Authority's Scheme	Otherwise
Errors of Refraction (including squint).	1094	328	1422				
Other Defect or Disease of the Eyes (excluding those recorded in Group I).... ..	29	4	33	923	270	758	260
Total	1123	332	1455				

TABLE IV.—Continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.								Received other forms of Treatment,		Total Number Treated,			
Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme,									
1				2				3				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(1)	(ii)	(iii)	(iv)	241	520
6	4	166	—	49	6	47	1	55	10	213	1		

(i) Tonsils only, (ii) Adenoids only, (iii) Tonsils and Adenoids,
(iv) Other defects of the Nose and Throat.

GROUP IV. Orthopaedic and Postural Defects.

	(1) Under the Authority's Scheme.			(2) Otherwise.			Total Number treated.
	Residential treatment with Education. (i)	Residential treatment without Education (ii)	Non-Residential treatment at an Orthopaedic Clinic, (iii)	Residential treatment with Education. (i)	Residential treatment without Education. (ii)	Non-residential treatment at an Orthopaedic Clinic, (iii)	
Number of Children Treated ...	24	33	262	No	information		279

TABLE IV.—Continued.

GROUP V.—DENTAL DEFECTS.

1. Number of Children who were :—

(i) Inspected by the Dentist—

Routine Age Groups	{	5	...	—	}	Total	...	...	6920
		6	...	1320					
		7	...	1267					
		8	...	867					
		9	...	833					
		10	...	811					
		11	...	644					
		12	...	590					
		13	...	496					
		14	...	92					

Specials	...	...	...	...	...	...	583
----------	-----	-----	-----	-----	-----	-----	-----

Grand total	...	...	...	...	7503
-------------	-----	-----	-----	-----	------

(ii)	Found to require treatment	...	...	...	...	6293
------	----------------------------	-----	-----	-----	-----	------

(iii)	Actually treated	...	...	...	...	...	5860
-------	------------------	-----	-----	-----	-----	-----	------

2. Half-days devoted to :—

Inspection*	}	Total	...	...	...	1032$\frac{1}{2}$
Treatment						

3.	Attendances made by children for treatment	...	...	...	7011
----	--	-----	-----	-----	------

4. Fillings—	Permanent teeth	{	1552	}	Total	...	1655
	Temporary teeth						

5. Extractions—	Permanent teeth	{ 1544 }		
	Temporary teeth	{ 10060 }	Total	... 11604

6. Administrations of general anaesthetics for extractions ... 224

6a. Administrations of local anaesthetics	...	...	...	4783
---	-----	-----	-----	------

7. Other Operations—Permanent teeth	{ 558 }			
Temporary teeth	{ 561 }	Total	...	1119

*Inspection and treatment carried out on same day.

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- | | | | | | | |
|---|-----|-----|-----|-----|-----|------|
| 1. Average number of visits per school made during the year
by the School Nurses | ... | ... | ... | ... | ... | 3.78 |
|---|-----|-----|-----|-----|-----|------|

- | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-------|
| 2. Total number of examinations of children in the Schools by | | | | | | | |
| School Nurses | ... | ... | ... | ... | ... | ... | 72400 |

- | | | | | |
|----|--|-----|-----|------|
| 3. | Number of <i>individual</i> children found unclean | ... | ... | 1225 |
|----|--|-----|-----|------|

- | | | | | | |
|--|-----|-----|-----|-----|---|
| 4. Number of children cleansed under arrangements made by the
Local Education Authority | ... | ... | ... | ... | — |
|--|-----|-----|-----|-----|---|

5. Number of cases in which legal proceedings were taken —

(a) Under the Education Act, 1921

(b)	Under School Attendance Byelaws	...	...	...	—
-----	---------------------------------	-----	-----	-----	---

TABLE II

A. Return of Defects found by Medical Inspection in
the year ended 31st December, 1934.

DEFECT OR DISEASE 1	Routine Inspections.		Special Inspections	
	No. of Defects.		No. of Defects	
	Re- quiring treat- ment 2	Requiring to be kept under observation but not requiring treatment 3	Re- quiring treat- ment 4	Requiring to be kept under observation but not requiring treatment 5
Malnutrition	3	22	—	—
Skin				
Ringworm—Scalp	1	1	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	2	—
Other Diseases (Non-Tuberculous) ...	—	2	1	—
Eye				
Blepharitis	1	—	—	—
Conjunctivitis	—	—	1	—
Keratitis	—	—	1	—
Corneal Opacities	—	—	2	—
Defective Vision (excluding Squint)	57	62	7	4
Squint	—	2	—	—
Other Conditions	2	—	—	—
Ear				
Defective Hearing	—	2	—	—
Otitis Media	2	—	—	—
Other Ear Diseases	16	3	—	—
Nose and Throat				
Chronic Tonsillitis only	21	44	—	2
Adenoids only	1	1	1	—
Chronic Tonsillitis and Adenoids ...	3	2	—	—
Other Conditions	—	2	—	2
Enlarged Cervical Glands (Non- Tuberculous)	1	8	1	—
Defective Speech	—	—	1	—
Heart and Circulation				
Heart Disease—Organic	—	3	—	—
Functional	—	10	—	1
Anaemia	11	6	2	—
Lungs				
Bronchitis	—	3	1	1
Other Non-Tuberculous Diseases ...	—	9	—	1
Tuberculosis				
Pulmonary :—				
Definite	1	—	—	—
Suspected	—	4	—	2
Non-Pulmonary :—				
Glands	—	—	—	—
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	—	—	—	—
Deformities				
Rickets	—	—	—	—
Spinal Curvature	—	1	—	—
Other Forms	1	6	—	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...	3	11	3	2
Total	124	204	23	15

TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases.

Group. 1	Number of Children.	
	Inspected. 2	Found to require treatment. 3
Prescribed Groups :—		
Entrants	717	97
Second Age Group	—	—
Third Age Group	220	30
Total (Prescribed Groups)	937	127
Other Routine Inspections	—	—
Grand Total	937	127

Return of Defects reported to have been treated during the
Year 1934.

DEFECT											No.
Malnutrition											8
Uncleanliness:											
Head	...	...	...	...	...	...	...	...	...	...	—
Body	...	...	...	...	...	...	...	...	...	...	—
Skin											
Ringworm	Head	...	...	...	...	...	...	...	...	...	—
	Body	...	...	...	...	...	...	...	...	...	—
Scabies	...	...	...	...	...	...	...	...	...	...	—
Impetigo	...	...	...	...	...	...	...	...	...	...	—
Other Diseases (Non-Tubercular)				...	...	...	...	...	...	...	2
Eye											
Blepharitis	...	...	...	...	...	...	...	...	...	...	1
Conjunctivitis	...	...	...	...	...	...	...	...	...	...	—
Keratitis	...	...	...	...	...	...	...	...	...	...	—
Corneal Opacities	...	...	...	...	...	...	...	...	...	...	—
Defective Vision	...	...	...	...	...	...	...	...	...	...	31
Squint	...	...	...	...	...	...	...	...	...	...	—
Other conditions				...	...	...	...	...	...	...	—
Ear											
Defective Hearing				...	...	...	...	...	...	...	3
Otitis Media				...	...	...	...	...	...	...	1
Other Ear Diseases				...	...	...	...	...	...	...	2
Nose and Throat											
Enlarged Tonsils				...	...	...	...	...	...	...	5
Adenoids				...	...	...	...	...	...	...	—
Enlarged Tonsils and Adenoids				...	...	...	...	...	...	...	1
Other conditions				...	...	...	...	...	...	...	—
Enlarged Cervical Glands (Non-Tubercular)				...	...	...	...	...	...	...	—
Defective Speech				...	...	...	...	...	...	...	—
Heart and Circulation				...	...	...	...	...	...	...	
Heart Disease											
Organic	...	...	...	...	...	...	...	...	...	...	—
Functional	...	...	...	...	...	...	...	...	...	...	—
Anaemia	...	...	...	...	...	...	...	...	...	...	2
Lungs											
Bronchitis...				...	...	...	...	...	...	...	2
Other Non-Tubercular Diseases				...	...	...	...	...	...	...	—
Tuberculosis											
Pulmonary											
Definite	...	...	...	...	...	...	...	...	...	...	—
Suspected	...	...	...	...	...	...	...	...	...	...	—
Non-Pulmonary				...							
Glands	...	...	...	...	...	...	...	...	...	...	—
Spine	...	...	...	...	...	...	...	...	...	...	—
Hip	...	...	...	...	...	...	...	...	...	...	—
Other Bones and Joints				...	...	...	...	...	...	...	—
Skin	...	...	...	...	...	...	...	...	...	...	—
Other Forms				...	...	...	...	...	...	...	—
Nervous System											
Epilepsy				...	...	...	...	...	...	...	—
Chorea				...	...	...	...	...	...	...	—
Other conditions				...	...	...	...	...	...	...	—
Deformities											
Rickets				...	...	...	...	...	...	...	—
Spinal Curvature				...	...	...	...	...	...	...	—
Other Forms				...	...	...	...	...	...	...	15
Other Defects and Diseases				...	...	...	...	...	...	...	10

